

## SICK LEAVE ESCROW APPLICATION

Wis. Stat. § 40.05 (4) (b)

Name and Mailing Address:

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Escrow Effective Date *(Completed by ETF)*

Social Security Number

Employment Termination Date

**The reverse side of this form contains important information concerning your rights and responsibilities.**

- ☐ I am a retiring state employee, and/or I am eligible to use my sick leave credits to pay health insurance premiums. I hereby apply to escrow my sick leave credits. I certify that I am currently insured by health insurance coverage comparable to the coverage offered by the State of Wisconsin Employees Group Health Insurance Program. I also certify that I was covered by the State of Wisconsin Employees Group Health Insurance Program on the day I terminated state employment. **I understand that Employee Trust Funds must receive this application at the time my sick leave credits are converted if I want my sick leave credits escrowed immediately and not used for the payment of my state health insurance premiums at this time.**
- ☐ I am an eligible survivor of a deceased state employee. I hereby apply to escrow the deceased employee's sick leave credits. I certify that I am currently insured by health insurance coverage comparable to the coverage offered by the State of Wisconsin Employees Group Health Insurance Program. **I understand that Employee Trust Funds must receive this application within 90 days after the date of death if I want the deceased employee's sick leave credits escrowed immediately and not used for the payment of my state health insurance premiums at this time.**

The sick leave credit account is in the name of:

Deceased Employee's Name

Social Security Number

My comparable non-state health insurance plan is with:

Name of Insurance Company	Subscriber (policy) No.	Group Number	Coverage Begin Date
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I understand that the following terms apply to my escrow:

- I can delay re-enrollment in the State of Wisconsin Employees Group Health Insurance Program for any period of time, but I must be re-enrolled before comparable non-state health insurance coverage ceases. Failure to re-enroll before the non-state coverage ceases, will result in forfeiture of sick leave credits.
- I can re-enroll in any plan in the State of Wisconsin Employees Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions.
- I can escrow once annually.
- I must submit my application to re-enroll in the State of Wisconsin Employees Group Health Insurance Program as follows, **unless coverage is involuntarily lost** (see reverse). Through September 2002, I can submit my re-enrollment application at any time. Coverage will be effective on the first day of the third month after receipt of my re-enrollment application (see chart on reverse). Starting in October 2002 and continuing in future years, I can submit my re-enrollment application during the annual Dual-Choice Enrollment period. Coverage will be effective on the first of the month that I select in the following year.
- I must enroll in Medicare at the first available opportunity when my coverage under Medicare becomes primary, if I did not already do so when I became eligible during the period my sick leave credits were escrowed. If I do not enroll as required, my eligibility for the State of Wisconsin Employees Group Health Insurance Program will cease.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form. Accordingly, by signing below, I hereby certify that the above information is true and correct, to the best of my knowledge and belief.

Date (MM/DD/CCYY)

Signature

Daytime Telephone Number

SUBMIT ALL COPIES TO THE ADDRESS AT THE TOP OF THIS FORM.  
A COPY WILL BE RETURNED AS AN ACKNOWLEDGMENT.

## ESCROW ELIGIBILITY REQUIREMENTS

1. You must be insured in the State of Wisconsin Employees Group Health Insurance Program when you apply to escrow your sick leave credits.
2. You must have a sick leave account balance when the escrow becomes effective and be eligible to use the credits to pay state health insurance premiums.
3. All eligible participants (i.e., all family members) must also have comparable non-state health insurance coverage continuously throughout the escrow period. Comparable means a plan with hospital and medical benefits substantially equivalent to the state's Standard Plan.

## ESCROW EFFECTIVE DATE

Your sick leave account will be escrowed (banked) on the first of the month following the end of coverage when premiums were paid by the employer and your comparable coverage begins.

No health insurance premiums will be deducted from your sick leave account while it is escrowed.

## RE-ENROLLMENT GUIDELINE CHART

Re-enrollment applications must be received according to the following examples (unless coverage is involuntarily lost as described below):

Through September 30, 2002:

Coverage Effective	Applications Due	Coverage Effective	Applications Due
May 1, 2002	Feb. 28, 2002	Sept. 1, 20002	June 30, 2002
June 1, 2002	March 31, 2002	Oct. 1, 2002	July 31, 2002
July 1, 2002	April 30, 2002	Nov. 1, 2002	Aug. 31, 2002
Aug. 1, 2002	May 31, 2002	Dec. 1, 2002	Sept. 30, 2002

Beginning October 2002 and continuing in future years:

Applications are due during the annual Dual-Choice Enrollment period for a coverage effective date of January 1 or the first day of a different month, that you select, during the following calendar year.

## LOST COVERAGE

If eligibility for coverage is lost, you may re-enroll in any plan in the State of Wisconsin Employees Group Health Insurance Program without waiting periods for pre-existing conditions. If your coverage was lost as the result of an event such as loss of employment, divorce, etc., and was not voluntarily cancelled, or your employer's contribution toward your premium ceases, coverage through this Department will be effective the date your lost coverage terminates. We must receive a re-enrollment application within 30 days after coverage ends with a letter from the former employer or organization which states:

1. Name of the organization formerly providing coverage
2. Name of the insurance group
3. Date coverage terminated
4. Reason eligibility for coverage was terminated

## ADDITIONAL INFORMATION

If you need additional information you can call toll free 1-877-533-5020 or (608) 266-3285 (local Madison), FAX (608) 267-4549 or TTY (608) 267-0676.